

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement of \$365.00 for dates of service 05/30/01 and 06/13/01.
- b. The request was received on 02/19/02.

II. EXHIBITS

1. Requestor, Exhibit 1:
 - a. TWCC 60 and Letter Requesting Dispute Resolution 02/11/02
 - b. HCFA(s)
 - c. EOB(s)
 - d. Medical Audits dated 07/25/01 and 07/31/01
 - e. Medical Records
 - f. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit 2:
 - a. TWCC 60 and Response to a Request for Dispute Resolution dated 03/07/02
 - b. EOB(s)
 - c. Medical Audit summaries dated 07/25/01 and 07/31/01.
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier 02/21/02. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on 02/21/02. The response from the insurance carrier was received in the Division on 03/07/02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Medical Dispute is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor

The requestor states in the correspondence dated 02/11/02 that, the provider "...A) has submitted documentation supporting the Work Hardening

Program. B) ... has submitted TWCC documentation proving pre-authorization is not required for initial evaluations and individual psychological therapy.”

2. Respondent:

The Respondent's representative states in correspondence dated 03/07/02, "1. The requester billed the carrier for a mental health evaluations [sic] using CPT Codes 90830 and 90820. The requester asserts that the purpose of the mental health evaluation was to determine the injured worker's readiness for the Work Hardening Program. The requester further asserts that the that [sic] the [sic] mental health evaluation was not a part of work hardening and, therefore, should be billed separately."

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date(s) of service eligible for review are 05/30/01 and 06/13/01.
2. The carrier denied the charges in dispute as "A – PREAUTHORIZATION REQUIRED BUT NOT REQUESTED" and "Preauthorization was not obtained as required by TWCC Rule 133.600." The carrier's response is timely and no other EOB(s) or audits noted.
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
05/30/01	90830	\$125.00	\$0.00	A	\$125.00	§ Rule 133.1 (a) (3) (E) (i); § Rule 133.307 (j) (1) (D)	Although the denial code is for pre-authorization, the provider and the carrier failed to submit copies of the reports for the requested services billed for dates of service. The SOAP notes of 05/29/01 states, "S: Pt reports back (illegible word) from working in yard over weekend....A: Pt tolerate [sic] well for first day...." It appears, through the SOAP notes, that 05/29/01 is the claimant's first day of the work hardening program. Because there is no report for 06/13/01, there is no way to determine the amount of time it took to perform the testing for the billed amount. Therefore, the pre-authorization issue is moot. The provider is responsible to prove that the service was rendered as billed. No reimbursement is recommended.
06/13/01	90820	\$270.00	\$0.00	A	\$3.00 per minute		
Totals		\$395.00	\$0.00				The Requestor is not entitled to reimbursement.

MDR: M4-02-1702-01

The above Findings and Decision are hereby issued this 11th day of April, 2002.

Donna M. Myers, B.S.
Medical Dispute Resolution Officer
Medical Review Division
DMM/dmm

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director.